

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-012

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 ~~\$575,000~~ \$-807,000 (P+I)(P+I)
b. FFY 2005 ~~\$1,589,000~~ \$-2,248,000 (P+I)(P+I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Page 10-1

Attachment 3.1-A, Page 10-1

Washington 03-012
approved: 09/03/03
effective: 09/01/03

10. SUBJECT OF AMENDMENT:

Increasing Functional Eligibility for Medicaid Personal Care Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:
6-30-03

16. RETURN TO:

Department of Social and Health Services
Attn: Ann Myers
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

SEP - 3 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
SEP - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Karen S. O'Connor

22. TITLE:
Associate Regional Administrator

Division of Medicaid &

Children's Health

23. REMARKS:

Per a Inc Changes authorized by the State on 7/28/03
Per a Inc changes authorized by the State on 8/7/03

RECEIVED

JUL 01 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: WASHINGTON

26. Personal Care Services

(1) Eligibility for services.

- (a) Persons must be living in their own home, Adult Family Home, family foster home, children's group care facility or licensed boarding home.
- (b) Persons must be determined to be categorically needy and have three ADL needs requiring minimal assistance or one ADL need requiring more than minimal assistance. ADL assistance is defined in WAC 388-71-0202 and WAC 388-72A-0035 and WAC 388-72A-0040.

(2) Nurse Oversight

A registered nurse may:

- (a) Perform an on-site evaluation of personal care services, and
- (b) Assess provider skill levels and training needs.

(3) Training

The department will coordinate community resources to ensure that appropriate training is available to home care agency aides and individual providers engaged in the provision of Medicaid personal care services.